

TREATMENT PLAN AND CHANGE REPORT

FOR A TANF-REFERRED CLIENT FROM CHEMICAL DEPENDENCY TREATMENT SERVICES AGENCIES

FAX TO:							
<u> </u>	COMMUNITY SERVICES OFFICE (CSO) WORKER'S NAME			CSO OFFICE			
-	FAX NUMBER			TELEPHONE			
RE:							
	CLIENT'S NAME			CLIENT'S AU ID			
PERIOD: _	MONTH/YEAR						
		TREA	ATMENT PL	_AN			
DATE ENTERED INTO TREATMENT		DATE ANTICIPATED COMPLETION	RECOMMENDED LENGTH OF TREATMENT IN CURRENT LEVEL OF CARE		IS CHILD CARE PROVIDED ON SITE BY TREATMENT AGENCY? YES NO		
TREATMENT SCH	EDULE:						
DAY OF THE WEEK	HOURS IN TREATMENT			COMMENTS AND RECOMMENDATIONS			
	TREATMENT	OTHER SUPPORT GROUPS					
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
WEEK TOTAL							
* Identify other support groups attending as part of the treatment plan:							
Comments and recommendations:							

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☐ Client failed to report to initial appointment at treatment a	agency						
☐ Change in level of care (specify or indicate on front):							
☐ Not in compliance with treatment plan; reason and last date of participation:							
☐ Not amenable to treatment (unwilling to commit and/or participate in treatment)							
☐ Continued drug use							
Partial complaince with treatment							
☐ Pattern of missed or consistently missed sessions							
☐ Violation of program rules							
Other:							
Explanation:							
☐ Barriers to completion of treatment plan:							
Recommendation toward employment activities:							
OTAFF COMMITTEE		L DATE					
STAFF SIGNATURE		DATE					
PLEASE PRINT NAME	TITLE						
NAME OF TREATMENT AGENCY	1	TELEPHONE NUMBER (INCLUDE AREA CODE)					

PROHIBITION OF REDISCLOSURE OF INFORMATION CONCERNING CLIENT IN ALCOHOL OR DRUG ABUSE TREATMENT: This information has been disclosed to you from records protected by federal confidentiality rules (42CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.